



Texas Center for Nursing Workforce Studies
Department of State Health Services

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2013 Texas Governmental Public Health Nurse Staffing Study (TGPHNSS) SURVEY FORM

Purpose: The primary purpose of this study is to assess the size and effects of the nursing shortage in Texas governmental public health agencies. State hospitals are not included in this study. The aggregated results of this survey will be available to you following the completion of the data collection and analysis. The aggregated survey results will serve as a guide in developing policy recommendations by the Texas Center for Nursing Workforce Studies Advisory Committee. The data you provide will also be instrumental in developing projections for the number of public health nurses needed in Texas. Your participation in this study is voluntary but highly encouraged, since a better response rate for this survey will provide for more credible information that could affect future public health legislation.

Complete the survey online at:
<http://2013TGPHNSS.questionpro.com>

Due Date: Your completed survey is due by **Friday, August 9, 2013.**

Confidentiality Statement: Your responses are completely confidential. We will report aggregate findings only.

See the survey instructions for information on completing and submitting the online survey. You can download a copy of the instructions and other survey materials at <http://www.dshs.state.tx.us/chs/cnws/TGPHNSS/>.

If you have questions at any time about the survey or procedures, you may contact Allison Dubin at 512-776-6575 or by email at TCNWS@dshs.texas.gov. Thank you very much for your time and efforts.

For the purpose of this survey, please include data for all health services.

1. Please provide the following information about your agency*.

Official agency name:

Main office city:

Main office zip code:

Name of person submitting survey:

Title of person submitting survey:

Email of person submitting survey:

Phone # of person submitting survey (xxx-xxx-xxxx):

2. Which of the following best characterizes your agency? Select all that apply. *

- ☐ Local health department – city
- ☐ Local health department – county
- ☐ Local health department – health district
- ☐ DSHS – health service region
- ☐ DSHS – central office in Austin
- ☐ Other, please specify

3. Does your agency have a position designated with overall administrative responsibility for nursing services? *

☐ Yes

☐ No, skip to question 5.

4. If you answered yes to question 3, is the person with overall administrative responsibility for nursing services a registered nurse? *

☐ Yes

☐ No

5. For each of the following categories, how many total full-time equivalents (FTEs) are currently employed by your agency? *

Number of FTEs (all employees)	Number of FTE positions <u>occupied by</u> a registered nurse (RN), licensed vocational nurse (LVN), or advanced practice registered nurse (APRN)	Number of FTE positions that <u>require</u> an RN, LVN, or APRN license

6. Please select the nurse types that are currently used to staff the following program areas within your agency: *

Program Area	Staffed by RNs	Staffed by LVNs	Staffed by APRNs	Have program area but not staffed with nurses	N/A - Agency does not have this program area
Access to Care/Health Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory Services (Primary Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management/Care Coordination (including home visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Disease Services/Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning Services (Clinical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization Programs/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspections (Daycares, Nursing homes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal/Child Health Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refugee Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse/Tobacco Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women, Infant, Children Supplemental Nutrition Program (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. For each of the following nurse types, please approximate how many full-time equivalents (FTEs) are currently involved in the following activities/functions as part of their main job duties. Please fill in with a "0" if there are no FTEs.*

Job Function	RN FTEs	LVN FTEs	APRN FTEs
Administration/Staff Supervision			
Community Engagement			
Clinic-based Care			
Population-level Prevention			
Quality Improvement Activities			
Workforce Development/Training			
Regulatory/Compliance Monitoring			
Outreach Activities			
Other, Specify:			

8. Please provide the total number of full-time equivalent (FTE) positions in your agency as of April 30, 2013 for each nurse type as indicated in the table below. Please enter "0" if your agency does not employ the particular type of nurse.*

	Total number of FTE positions occupied on 4/30/2013	Total number of vacant FTE positions being recruited on 4/30/2013	Total number of vacant FTE positions on hold/frozen on 4/30/2013
RNs			
LVNs			
APRNs			

9. Please provide the number of additional full-time equivalent (FTE) positions by nurse type your agency expects to budget for the next fiscal year.

	<u>Additional</u> number of FTE positions your agency expects to budget next fiscal year
RNs	
LVNs	
APRNs	

10. Please provide the total number of temporary nurse full-time equivalents (FTEs) for each nurse type employed by your agency on April 30, 2013. Please enter "0" if your agency does not employ the particular type of nurse.*

	Number of temporary nurse FTEs such as contract or staffing agency nurses employed on 4/30/2013
RNs	
LVNs	
APRNs	

11. Please provide the total number of workers employed by your agency on 1/1/2012 and 12/31/2012 for each nurse type as indicated in the table below. Do not include contract or staffing agency nurses in this section. Please enter "0" if your agency does not employ the particular type of nurse. Please note that you are to report a head count in this question.*

	Head count of full-time workers employed on 1/1/2012	Head count of full-time workers employed on 12/31/2012	Head count of part-time workers employed on 1/1/2012	Head count of part-time workers employed on 12/31/2012
RNs				
LVNs				
APRNs				

12. Please provide the total number of separations during January 1, 2012 - December 31, 2012 for each nurse type as indicated in the table below. Do not include contract or staffing agency nurses in this section. Please enter "0" if your agency does not employ the particular type of nurse. Please note that you are to report a head count in this question.*

	Total head count of separations during January 1, 2012 – December 31, 2012
RNs	
LVNs	
APRNs	

13. Once the position is posted, how many days does it typically take to fill a position that requires a nurse license?*

	1-30 days	31-60 days	61-90 days	91 days or more	Not applicable
RN Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LVN Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRN Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Please indicate the methods of interim staffing used by your agency to fill in for vacant or absent nurse staff positions. Select all that apply. *

- ☐ We do not use interim staffing
- ☐ Voluntary overtime
- ☐ Increased workload (but not work hours) of existing staff
- ☐ Identified other providers of services in the community for client referrals
- ☐ In-house staffing pool/per diem
- ☐ Temporary nurses such as contract or staffing agency nurses
- ☐ Other interim staffing methods (please specify)

15. Please indicate the reasons your agency has increased budgeted positions for each nurse type during the past two years. If you have not increased budgeted nurse positions, you may select that option. Select all that apply.*

	Opening of new units or departments	Increase in funding	Changes in policy	Other	We have not increased this type of budgeted position
RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LVNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify the reasons your agency has increased budgeted nurse positions.

16. Please indicate the reasons your agency has reduced budgeted positions for each nurse type during the past two years. If you have not reduced budgeted nurse positions, you may select that option. Select all that apply.*

	Changes in policy	Inability to fill existing nurse positions	Reduction in funding	Closing or reducing size of units or departments	Other	We have not reduced this type of budgeted position
RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LVNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify the reasons your agency has reduced budgeted nurse positions.

17. Please share with us how the recent economic recession has affected your nurse staffing and nurse hiring practices. Please indicate "no effect" if appropriate.

18. Please provide the following information regarding nursing informaticists (*registered nurses whose main job function is to process and manage data and information to support nursing practice, administration, education, research, and the expansion of nursing knowledge*) **within your agency on April 30, 2013. Enter "0" where applicable. ***

	Headcount on <u>04/30/2013</u>
Number of nursing informaticists employed	
Number of vacant nursing informaticist positions	

19. Please use this space to make any comments or suggestions regarding this survey.

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You have reached the end of the 2013 Texas Governmental Public Health Nurse Staffing Survey! Thank you for your participation.
If you have any questions or concerns, please contact Allison Dubin at (512) 776-6575 or by email at TCNWS@dshs.state.tx.us.